

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	OPF	48	2/15/01
FORMALITY REVIEW	MM	1020	03/30/01
RESPONSE FORMALITY REVIEW	MM	780	5-22-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓ 9-0-02
2	✓ 2/25/01
3	✓ 12/24/01
4	✓
5	✓
6	✓ J
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If more than 150 claims or 10 actions  
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